

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 391312	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 06/16/2023
NAME OF PROVIDER OR SUPPLIER: PENN HIGHLANDS BROOKVILLE STATE LICENSE NUMBER: 28050101			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 HOSPITAL ROAD BROOKVILLE, PA 15825		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

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P 0000	<p>Continued from page 1</p> <p>This report is the result of an occupancy survey conducted on June 16, 2023, at Penn Highlands Brookville, which included Painting Cafeteria and Dining Room Walls on Level 1 of Main Hospital Tower. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.</p> <p>This Facility continues to be under a Plan of Correction with other surveys that have been conducted. Those deficient practices and the associated regulations are enumerated below; however, they are not included in this specific report. Each Statement of Deficiency, for the surveys below, was forwarded under a separate cover to Penn Highlands Brookville with directions to file a Plan of Correction for each.</p>	P 0000			

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P 0000	Continued from page 2 1. A full State Licensure survey (3LJS11), which concluded on May 5, 2021. 101.31 (1-10) Hospital Requirements 107.25 (a)(b)(1-9) Medical Staff Executive Committee	P 0000			



Certified End Page

PENN HIGHLANDS BROOKVILLE
STATE LICENSE NUMBER: 28050101
SURVEY EXIT DATE: 06/16/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY